

<b>POWER OF ATTORNEY OR REVOCATION OF POWER OF ATTORNEY WITH A NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"><b>Application Number</b></td> <td>10/584,443</td> </tr> <tr> <td><b>Filing Date</b></td> <td>June 21, 2006</td> </tr> <tr> <td><b>First Named Inventor</b></td> <td>Jaume Pons</td> </tr> <tr> <td><b>Title</b></td> <td>Agonist Anti-TrkC Antibodies</td> </tr> <tr> <td><b>Art Unit</b></td> <td>TBA</td> </tr> <tr> <td><b>Examiner Name</b></td> <td>TBA</td> </tr> <tr> <td><b>Attorney Docket Number</b></td> <td>PC19492A</td> </tr> </table>	<b>Application Number</b>	10/584,443	<b>Filing Date</b>	June 21, 2006	<b>First Named Inventor</b>	Jaume Pons	<b>Title</b>	Agonist Anti-TrkC Antibodies	<b>Art Unit</b>	TBA	<b>Examiner Name</b>	TBA	<b>Attorney Docket Number</b>	PC19492A
<b>Application Number</b>	10/584,443														
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<b>First Named Inventor</b>	Jaume Pons														
<b>Title</b>	Agonist Anti-TrkC Antibodies														
<b>Art Unit</b>	TBA														
<b>Examiner Name</b>	TBA														
<b>Attorney Docket Number</b>	PC19492A														

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

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☒ I hereby appoint Practitioner(s) associated with the following Customer Number as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith:

28940

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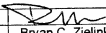
I am the:

☐ Applicant/Inventor.

**OR**

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) (Form PTO/SB/96) submitted herewith or filed on \_\_\_\_\_.

**SIGNATURE OF Applicant or Assignee of Record**

Signature	Date
 Name Bryan C. Zielinski	3/18/09 Telephone 858.622.8864
Title and Company Assistant General Counsel	

**NOTE:** Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☒ \*Total of 1 forms are submitted.

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